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10 March 1970

MEMORANDUM FOR: Chief, CD/OMS

SUBJECT : Review of Emergency Planning

25X1 FROM : [redacted]

1. This memorandum is for information only.

2. Headquarters' Emergency Room

a. It is well staffed with Registered Nurses

b. Equipment and availability are generally adequate.

c. There is adequate space

3. Ambulance Service

This service is handled through Office of Security. They have direct line to Fairfax Emergency Service and McLean Emergency which has twenty-two (22) vehicles available. McLean can respond in matter of minutes with trained crews and adequate equipment. They are met by Security who admits them to Building and escorts them to casualty. Headquarters averages twelve (12) calls per year which would not suggest necessity of maintaining ambulance, 24 hour crews, etc.

4. Surgical Emergencies

More than adequate instruments, fluids, medicines, and related surgical requirements are kept in special cabient. Necessary instruments, suture material are maintained in sterile condition.

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5. Medical Emergencies (With the cooperation of [redacted] 25X1

a. The most important of these and that which might call for reevaluation is the handling of suspect or demonstrated coronary thrombosis cases. The outlook on these conditions in recent years has changed from a somewhat fatalistic stance to a more active, interventionest attitude which offers hope of a greater survival rate. It is generally acknowledged that the treatment extended in the first four (4) hours is most important which implies, of course, early diagnosis.

b. We believe that an organization of this size would, today, be expected to have medical electronic equipment capable of monitoring the EKG and including a defibrillator. (A recent article in the Washington Star paper calls attention to a J.A.M.A. article on Russian emergency care which points up the fact that they are apparently much ahead of us in procedures. The article states that if patient sustains coronary on a street, a phone call will secure an ambulance with EKG setup, medications and physician within 15 minutes.)

c. We would be inclined to believe that a medical-legal problem could possibly be raised in certain circumstances where more advanced equipment is not available.

d. Our Emergency room does not have a "cardiac tray" so labelled. All the necessary drugs are present in Emergency Cabinet but they are not isolated.

25X1 e. [redacted] has written a protocal on initial care of the coronary patient which should be readily available for any medical personnel who are treating a patient.

e. Training in resuscitation methods was given about one year ago by [redacted] for some of the Staff. 25X1
It would seem advisable that all doctors, nurses, and medical technicians should receive a briefing on emergency care of coronary patient and use of resuscitation

methods and equipment at regular intervals. (This would include administrative people, inside and outside physicians.) This, perhaps, should be accomplished every six (6) months and certainly no less than annually. For the doctors in the Clinical Division, nurses, and a few selected medical technicians, it is suggested that they have a meeting at least every six (6) weeks.

g. It would seem that if we acquire such new equipment, it may be that certain cases would be best treated and monitored in our Emergency Room for a few hours before transporting to a hospital. If we do plan to approach this problem more actively, it would appear desirable to have each of the R.N.'s spend two (2) weeks or a month at Arlington Hospital Emergency Room and Coronary Ward.

6. Equipment

The Hewlett-Packard Company makes a "Mobile Cardiac Resuscitation System" which is mounted on a cart with room for medication, I.V. fluids, etc. The Number is 7839A* and it sells for $3,143. Hewlett-Packard has a desirable feature in that they have a plant just north of Washington,D.C., from which maintenance could be better secured. It would be a Clinical-Division requirement that the doctors be familiar with this apparatus.

7. Electro-Shock

As indicated, the last briefing on resuscitation methods and use of a mechanical resuscitator was about one year ago. The rapidity with which most of these procedures and mechanics of "Neolator" leave one's mind would dictate more frequent sessions.

8. Poison Cases

Dispensary has number (telephone) of Poison Center in Washington, D.C., Children's Hospital readily available. There is a widely used "Universal Poison Antidote" preparation marketed which the Nursing Department is to order.

* Brochure attached

9. Medical Staffing of Dispensary or Emergency Room

Doctors from the Clinical Division are generally called to see patients on an ad hoc basis. Patients may come in at any time of day. To provide better service for the patient and to preclude physicians from being interrupted in the middle of examinations or other duties, the following suggestions have been made:

a. Acute emergencies may be seen any time.

b. Routine minor complaints of no great urgency may be seen at certain regular times such as 1030 hours to 1200, and 1400 to 1500.

c. That a schedule be maintained assigning doctors to these hours in order that they can give their undivided attention. (It might be that some of the administrative physicians would like to take this responsibility occasionally to keep up their proficiency.)

10. Outlying First-aid Rooms

These First-aid Rooms are visited and re-supplied on regular basis by Head Nurse.

11. "Safety System"

"Safety" in the Agency is divided into two segments; one which concerns itself with general and particular aspects of safety under a Safety Staff of which the Chief, Clinical Division is the OMS Representative, as you know; and the other segment are those aspects generally known under Civilian Defense.

a. The former is the responsibility of the Security Safety Staff consisting of [redacted] men and the following is an outline of their responsibilities: 25X1

(1) Liaison - With G.S.A., State Department, Military Services, Departments of Labor and Transportation, AEC, Municipal and County Governments, etc.

(2) Representation - Federal Safety Council, Federal Fire Council, Advisary Board FSC, National Safety Council.

(3) Mission - Plan, develop, coordinate and direct Agency Safety Program. 25X1

(4) Functions - Review Plans and Specifications for new building, Headquarters, Domestic, Overseas surveys, Ordnance Safety Committee [redacted] 25X1 [redacted] Fire Evacuation Program, Training, Accident Analysis, Educational Program and Transportation of hazardous material.

You might note that there has not been a meeting of the Safety Staff in over a year. There are several areas where the Office of Medical Services might better relate to the Safety Committee. [redacted] as Head of Training, has been given a short memorandum on this subject. 25X1

b. Civilian Defense

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This latter aspect is under the Office of Logistics in conjunction with the Office of Medical Services represented by [redacted] Apparently there has not been sufficient funding for much of a program. Instruments for assessing nuclear fallout, etc. are not in the Headquarters' Building. There are [redacted] people in Head- 25X1 quarters' who are briefed annually by the Safety Staff of Security on general safety procedures but they have had no Civilian Defense briefing for over five (5) years. The Chief of the Clinical Division apparently has no responsibility in this area.

12. Visit to Hospital Emergency Room

Arlington Hospital Emergency Room and Coronary Extensive Care Ward were visited by [redacted] If a 25X1 suspected or overt coronary case is seen in Headquarters' Dispensary and has no personal physician or choice of hospital, we would suggest he be sent to Arlington or Fairfax Hospitals. If they are so dispatched, also suggest there be instructions that they be admitted to [redacted] or 25X1

25X1 [redacted] This is not to practice nepotism but to insure the patient getting into proper channels. It has been suggested that a larger number of cleared Internists be recruited from the various, larger hospitals in area in order that a patient might be sent closer to their homes if time warrants.

13. In conversations with you, a point was mentioned that there was being considered a possibility of acquiring a consultant cardiologist to establish better criteria, aid in diagnosis, and prognosis, etc. In reference to this possibility, it might be suggested that rather than bringing in an outsider, [redacted] be asked to serve 25X1
in capacity as "Chief Cardiologist" or equivalent either in his present schedule or on a fulltime basis. He would have the responsibility for running the Coronary Program, training Staff and outside doctors, activating preventive program by encouraging the showing of films on proper diet, value of exercise programs, etc. He would also read EKG's and be the final judgment on problem cardiac cases. In connection with establishing criteria and developing a "crystal ball" he could initially visit [redacted] 25X1
to become familiar with their Aging-Process studies, and the School of Aviation Medicine to gather data and become familiar with stress studies involving bicycle or treadmill as an aid in selection, particularly of personnel for hazardous assignments.

14. Summary

Suggestions:

25X1 a. [redacted] be given authority to establish a protocol for treatment of coronary patients and to select drugs for a "Coronary Tray"

b. The Office of Medical Services acquire a Hewlett-Packard (or other) type of Cardiac Emergency Cart with monitoring capability and defibrillator

c. Periodic briefings for doctors, nurses, and medical technicians on emergency procedures as frequently as six (6) week intervals for Clinical Division.

d. Limit hours of visitation to Dispensary for minor complaints and establish schedule of attending physicians.

e. Increase number of cleared Internists in Civilian Community based on geographical and hospital areas to get more options for referrals.

f. Consider position as Cardiologist for

25X1 [redacted]

25X1 [redacted]

FS/OMS

Attachment
As stated